

Maryland Department of Human Services Office of Licensing and Monitoring 311 W. Saratoga Street Baltimore, Maryland 21201 Office: 410.767.7871 Fax: 410.333.8408

CHILD PLACEMENT AGENCY REPORT

| Provider Organization: National Center for Children and Families Inc | | | | | |
|--|-----------------------------------|-------------------------------------|-----------------------------|----------------------|-------------------------|
| Licensing Agency: DHS | Contracting Agency(s): DHS | | | | |
| Name of Chief Administrator: Dr. Sheryl Chapman Email: sherylbc@aol.com | | | | | |
| License Type: Treatment Foster Care | | Type of Inspection: Mid-Year | | | |
| Name and Address of CPA Office | License Capacity | DHR Contract Limit | Census by Placing Agency | License# / Exp. date | Date of site Inspection |
| National Center for Children and Families, Inc. 6391 Green Tree Road | Un-Limited | 30 TFC | 14 | #00063 | 4/11/2017 |
| Bethesda, MD 20817 | | 171 CFSA | 98 | 4/12/18 | |
| <u>Inspection Summary</u> | | | | | |
| Number of Records Reviewed: Youth 19 Staff 29 Foster Parent 9 Adoptive Parent NA | | | | | |
| Number of Interviews: Youth <u>0</u> Staff <u>4</u> Foster Parent <u>2</u> | | | | | |
| CPA Office Inspection: Approved | | | | | |
| Number of ILP Apartments Inspected: Number of Foster Homes Inspected: | | | | | |
| Current COMAR Violation: Yes No _X_ | | | | | |
| If Yes, list Cited Violation(s) below: | | | | | |
| Violation(s) Findings | | | | | |
| | | | | | |
| Corrective Action Plan: Yes No _X If yes, date of CAP: | | | | | |
| Any Violations During Mid or Re-Licensure Periods: Yes X No X No X No X No X No X No X If Yes See Report (s) Date(s): $2/7/2017$ | | | | | |
| Complaint Outcome: NA | | | | | |
| Current Status of License: Continued | | | | | |
| Licensing Coordinator: Gary Lee Date | 8 /10/17 | Email: <u>G</u> | ary.lee@maryland. | gov | |
| Program Manager: Richard Berger Date | 8/10/17 | Email: <u>ri</u> | chard.berger@mary | <u>land.gov</u> | |